MULTIPLE DEPENDENT CLAIM											SERIAL NO.					FILING DATE			
1	FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)											10,517535							
			(POR 6	OF WIL	HFOR	CM P	FO-875)			API	LICA	NT(S)			<u> </u>		-		
	AS FILED AFTER AFTER																		
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